

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586055

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
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49					
50					
TOTAL IND.		↓	1	↓	↓
TOTAL DEP.	↓	↓	2	↓	↓
TOTAL CLAIMS			3		

AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
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96					
97					
98					
99					
100					
TOTAL IND.		↓	↓	↓	↓
TOTAL DEP.	↓	↓	↓	↓	↓
TOTAL CLAIMS					